

Act, 1961 in December, 2009 in the cases of 18 individual beneficiaries for the relevant Assessment Year(s). The total income assessed in these 18 cases was Rs.39.66 crore and total tax demand raised was Rs.24.26 crore. Prosecution proceedings for tax evasion have been initiated in the case of 17 individuals.

The information provided by the German authorities under the Double Taxation Avoidance Agreement (DTAA) between India and Germany is treated as secret and disclosed only to persons or authorities (including courts and administrative bodies) involved in the assessment or collection or enforcement or prosecution of, or determination of appeals in relation to, the taxes covered by the DTAA. Information relating to these cases has been handed over to the CBI and ED as per directions of the Apex Court.

Imposition of ban on Ayurvedic medicines by EU

225. SHRI PRAKASH JAVADEKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that European Union (EU) has imposed a blanket ban upon all sorts of Ayurveda medicines;
- (b) if so, the steps taken by Government till date for safeguarding Indian interests; and
- (c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) EU has not imposed a blanket ban on Ayurvedic medicines. EU has, however, formulated a Directive on Traditional Herbal Medicinal Products (THMPD), which has trade restrictive impact on India's exports of herbal medicinal products to EU.

(b) Many Ayurvedic products are currently exported as dietary supplements, for which as of now, there is no registration requirement in most of the countries. However, some countries require notification of such products. Many products have been notified in different countries (Italy, Belgium, Finland and others) by some Indian companies.

India has been doing bilateral consultation with the European Union on Traditional Herbal Medicinal Products Directive since 2004 and raised its concerns on this issue in the Technical Barriers to Trade (TBT) Committee of the WTO.

- (c) Does not arise.

Public Health Infrastructure under NRHM

226. SHRI M.P. ACHUTHAN:

SHRI K.E. ISMAIL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has made any assessment of the progress made in providing public health infrastructure in the country after the launching of National Rural Health Mission (NRHM); and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) Yes. The assessment of the progress made in providing public health infrastructure in the country after the launching of National Rural Health Mission (NRHM) is reviewed through the following means:

1. Concurrent evaluation of NRHM has been done recently by International Institute of Population Sciences (IIPS), Mumbai, covering 197 districts in all 35 states and union territories.
2. Common Review Mission (CRM) is undertaken every year to examine progress of identified key parameters under NRHM including the functioning of health centres across the country. So far 4 CRMs have been undertaken. CRM covers 15-18 States every year and the State teams comprise of Public Health Experts, Civil Society representative, Development Partners and senior officers of the Ministry.
3. District Level Household Survey (DLHS-3) was carried out during 2007-08 to assess the accessibility, availability of medical and paramedical manpower and other infrastructure in the health facilities.
4. The figures on various parameter are also received from States/UTs and published in the form of bulletin named "Rural Health Statistics in India".

The progress made in regard to infrastructure of Sub Centres, Primary Health Centres and Community Health Centres and brought out in the Rural Health Statistics in India, 2010 is given in the Statement.

Statement

Status of Public Health Infrastructure

- As on March, 2010, there are 147069 Sub Centres, 23673 Primary Health Centres (PHCs) and 4535 Community Health Centres (CHCs) functioning in the country.

Sub Centres

- Number of Sub Centres existing as on March, 2010 increased from 146026 in 2005 to 147069 in 2010. There is significant increase in the number of Sub Centres in the States of Chhattisgarh, Haryana, Jammu & Kashmir, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Tripura and Uttarakhand.
- Percentage of Sub Centres functioning in the Government buildings has increased from 50% in 2005 to 57.8% in 2010 mainly due to increase in the government buildings in the States of Chhattisgarh, Goa, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Orissa, Punjab, Rajasthan, Sikkim, Tripura, Uttarakhand, Uttar Pradesh and West Bengal.
- As on March, 2010 the overall shortfall (difference in requirement for existing infrastructure as compared to manpower in position), in the posts of HW(F) / ANM was 8.8% of the total requirement. The overall shortfall is mainly due to shortfall in States namely, Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Jammu & Kashmir, Kerala, Orissa, Tripura and Uttar Pradesh.

Primary Health Centres (PHCs)

- At the national level, there is an increase of 437 PHCs in 2010 as compared to that existed in 2005.
- Significant increase is also observed in the number of PHCs in the States of Bihar, Chhattisgarh, Haryana, Jammu & Kashmir, Karnataka, Maharashtra, Nagaland, Uttarakhand, Uttar Pradesh.
- The number of ANMs at Sub Centres and PHCs have increased from 133194 in 2005 to 191457 in 2010, an increase of about 44%.
- Percentage of PHCs functioning in Government buildings has increased significantly from 78% in 2005 to 88.6% in 2010. This is mainly due to increase in the Government buildings in the

States of Assam, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Nagaland and Uttar Pradesh.

- The Doctors at PHCs have increased from 20308 in 2005 to 25870 in 2010
- For allopathic Doctors at PHCs, there was a shortfall of 10.3% of the total requirement for existing infrastructure as compared to manpower in position. This is again mainly due to significant shortfall in Doctors at PHCs in the States of Bihar, Chhattisgarh, Gujarat, Himachal Pradesh, Madhya Pradesh, Orissa, Punjab, Uttarakhand and Uttar Pradesh.

Community Health Centres

- At the national level there is an increase of 1189 CHCs in 2010 as compared to that existed in 2005.
- Significant increase is observed in the number of CHCs in the States of Arunachal Pradesh, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Punjab, Rajasthan, Tamil Nadu, Uttarakhand, Uttar Pradesh and West Bengal.
- Number of CHCs functioning in Government buildings have increased appreciably in 2010 as compared to 2005. The % of CHCs in Govt. buildings has increased from 90% in 2005 to 93.4% in 2010.
- The Specialist doctors at CHCs have increased from 3550 in 2005 to 6781 in 2010. However, as compared to requirement for existing infrastructure, there was a shortfall of 62.8% of Surgeons, 55.2% of Obstetricians & Gynaecologists, 72% of Physicians and 69.5% of Paediatricians. Overall, there was a shortfall of 62.6% of specialists at the CHCs as compared to the requirement for existing CHCs.
- Along with the specialists, about 9933 General Duty Medical Officers (GDMOs) are also available at CHCs as on March, 2010.
- Significant increase in the number of paramedical staff is also observed when compared with the position of 2005.
- The number of Radiographers at CHCs have increased from 1337 in 2005 to 1817 in 2010
- Number of Pharmacists at PHCs and CHCs have increased from 17708 in 2005 to 21688 in 2010

- Number of Laboratory Technicians at PHCs and CHCs have increased from 12284 in 2005 to 15094 in 2010.
- Number of Nurses at PHCs and CHCs have increased from 28930 in 2005 to 58450 in 2010.

Investigation into outbreak of mystery disease in Bihar

227. SHRI RAM VILAS PASWAN:

SHRI N.K. SINGH:

SHRI R.C SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government has constituted a team to probe the outbreak of a mystery disease in some districts of Bihar recently due to which a large number of children lost their lives;
- (b) if so, the details thereof and the findings made by the Central Team;
- (c) whether the exact cause of the spread of the mystery disease in some districts of Bihar have been ascertained; and
- (d) if so, the details thereof and further steps taken by Government to check outbreak of such diseases?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (d) Yes. A Central Team visited affected areas of Muzaffarpur district of Bihar during 21st - 24th June 2011.

Clinico-epidemiological evidence supports the diagnosis of Acute Encephalitis Syndrome. The cases of encephalitis reported in Muzaffarpur district are scattered and sporadic in nature with no clustering. The Central Team has recommended the following measures for containment and control of such outbreak :

- Case management as per standard protocol circulated to all States.
- Strengthening of surveillance of such cases by sensitizing the health personnel and local community.
- Maintenance of case records properly, completely and legibly.
- Intensive Information, Education and Communication (IEC) activities to generate community awareness.